



Application for Specialty Registration

PART 1. Type of Certificate: Check all that apply ☒ Pool Contractors * Roofers *
Landscapers * Yard Sprinkler Installers *

PART 2. Applicant Information: Complete in full.

	Name	Address	Phone
Applicant Please Print			
Company Please Print			

PART 3. Proof of Surety Bond: _____
\$5,000

PART 4. Proof of Worker's Compensation Insurance: Attach copy with expiration date.

PART 5. Applicant Signature:

I certify that all statements herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any registration issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

Signature of Applicant Title Date

Sworn and subscribed before me this _____ day of _____, 20__.

Notary Signature

My Commission Expires _____

.....**FOR OFFICE USE ONLY**.....

Certificate approved by: _____
Columbia County Building Official Date

Public Works Committee _____
Chairperson signature Date

Certificate # _____	<u>December 31, 20</u> Certificate Expiration Date
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